

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						1					
2		1					1					
3		1					1					
4		1					1					
5	1						1					
6		1					1					
7	1						1					
8		1					1					
9		1					1					
10	1						1					
11	1						1					
12	1						1					
13		1					1					
14		1					1					
15	1						1					
16		1					1					
17		1					1					
18		1					1					
19		1					1					
20	1						1					
21		1					1					
22	1						1					
23		1					1					
24	1						1					
25		1					1					
26		1					1					
27	1						1					
28	1						1					
29	1						1					
30	1						1					
31	1						1					
32		1					1					
33	1						1					
34	1						1					
35	1						1					
36	1						1					
37	1						1					
38	1						1					
39	1						1					
40	1						1					
41	2						2					
42	5						5					
43	5						5					
44	5						5					
45	5						5					
46	3						3					
47	3						3					
48	3						3					
49	3						3					
50	1						1					
TOTAL IND.							43					
TOTAL DEP.							72					
TOTAL CLAIMS							115					